ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | hng | | 9/29/0 |
| O.I.P.E. CLASSIFIER | | 21 | 10/10/00 |
| FORMALITY REVIEW | DB | 65373 | 11/14/00 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

✔ ...................... Rejected
= ...................... Allowed
— (Through numeral)... Canceled
÷ ...................... Restricted

N ...................... Non-elected
I ...................... Interference
A ...................... Appeal
O ...................... Objected

| Claim | | Date | Claim | | Date | Claim | | Date |
|---|---|---|---|---|---|---|---|---|
| Final | Original | | Final | Original | | Final | Original | |

(columns numbered 80–100 in middle section; 101–150 in right section)

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY